



Self-Identification of Disability and Emergency Evacuation Needs Survey

Under Wisconsin State Statute 230.04(9r), DHFS has the responsibility to collect work force data about the number of employees who wish to self identify that they have a disability or severe disability. It is Department policy to conduct a Disability Self-Identification Survey for all employees every two years.

DHFS is also responsible for providing assistance to employees with disabilities during an emergency evacuation. This form is a composite of the Self-Identification Survey and the Emergency Evacuation form. Employees who wish to provide this confidential information may complete the following survey.

Although DHFS is required to collect this information, completion of the form is voluntary on the part of the employee and verification is not required. Verification is only required when a reasonable job accommodation is requested.

Sections A and B

SELF-IDENTIFICATION OF DISABILITY

This information allows us to gather data to evaluate equal employment opportunity and affirmative action efforts and to comply with state law. The information is entered in the payroll system so that data about workforce characteristics can be compiled and analyzed. Workforce analysis data lets us know how many persons who self-identified a disability are in each job classification.

This information will NOT be used to discriminate in any way. The data is stored in a confidential file in the Department's AA/CRC Office. Forms will NOT be filed in employee personnel files. With the exception of contractors, ALL employees who wish to complete the form should fill out Sections A and B. Section C is optional. Contractors who need Emergency Evacuation Assistance should complete Section C only.

This information will be kept confidential with the following exceptions.

- General summaries related to open records requests, but not information that identifies individual employees.
- Supervisors and managers may be informed regarding necessary restrictions on the work or duties of the employee and necessary accommodation(s).
- First aid and safety personnel will be informed if the disability requires alternative actions in emergency situations.

A government official investigating compliance with non-discrimination laws will be provided relevant information upon request.

Section C

EMERGENCY ASSISTANCE NEEDS AND EMERGENCY ASSISTANCE VOLUNTEERS SURVEY

DHFS has instituted a process for the on-going review and update of its Emergency Evacuation plan. An essential component in a comprehensive plan is identifying all employees who may need assistance during an emergency. The need for assistance may be permanent or temporary. Evaluate your situation thoroughly and honestly. Even if you might not think you need assistance during an emergency evacuation, please consider any condition that might affect your stamina to a point where you may need assistance during an emergency, e.g., respiratory problems, heart condition, asthma, duration of pregnancy, problems that will affect your mobility, etc.

If you would like to volunteer to become an Emergency Evacuation Assistant, or if you would like to identify yourself as needing assistance in an Emergency Evacuation, complete Section C of the Emergency Evacuation Needs Survey.

Begin the Self-Identification of Disability and Emergency Evacuation Needs Survey

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DEPARTMENT OF HEALTH AND FAMILY SERVICES
 Affirmative Action/Civil Rights Compliance Office
 HFS-19 (Rev. 12/01)

STATE OF WISCONSIN
 DER Bullentin AA-12
 Americans with Disabilities Act of 1990
 Section 504 of the Rehabilitation Act of 1973
 Wisconsin Statute 230.04

SELF-IDENTIFICATION OF DISABILITY AND EMERGENCY EVACUATION NEEDS SURVEY

SECTION A. (All employees must complete this part.) If you are using assistive technology software, please activate the form reading mode now. If you are unable to complete this form online please contact the AA/CRC Office at 267-6733.

LAN ID Between 5-8 Characters (Required!)

 i.e. milesms

First Name i.e. John

Last Name i.e. Smith

Employee Identification Number (Emp ID) is a 9 digit number found on the upper right of your employee timesheet)
 i.e. 000004587

Immediate Supervisor - First Name

Immediate Supervisor - Last Name





Telephone Number i.e. (608)267-6733

Supervisor's Supervisor - First Name (If Known)



Supervisor's Supervisor - Last Name (If Known)

SECTION B. For Assistance, call (608)266-3356 or (608)266-2555 (TDD)

1	Are you a person with a disability, as defined by the <u>Americans With Disabilities Act (ADA)</u> of 1990 ?	
	<input type="text"/> Not disabled	No <input type="button" value="No"/>
2.	If you answered "yes" to question one, are you a person with a severe disability, as defined by s. 230.04 (9r) (a) 2, Wis. Stats.	No <input type="button" value="No"/>
3	Do you need accommodations to enable you to perform your job?	No <input type="button" value="No"/>
<p>Note: If you answer "yes"</p> <p>A. Please complete a <u>Disability Accommodation Request form (DER-DAA-10)</u>. If your accommodation request is directly related to Emergency Evacuation needs, go to Section C.</p> <p>B. Discuss the request with your supervisor and HR Coordinator or contact the AA/CRC Office directly.</p> <p>C. Return the completed DER-DAA-10 form to the Department Affirmative Action/Civil Rights Compliance Office DHFS AA/CRC Office, One West Wilson</p>		

	Street, Room 561, P.O. Box 7850, Madison, Wisconsin 53707-7850. For further information call (608)267-6733, Voice; (608)266-2555 TDD	
4.	Have you ever requested a reasonable accommodation using form DER DAA-10?	No 
5.	If you made the request using form DER-DAA-10, was it approved?	No 
6.	Have you ever requested a reasonable accommodation without a form?	No 
7.	If you made the request without a form, was it approved?	No 

SECTION C. (Optional) For Assistance, call (608)261-8080 (Applies only to employees located at 1 W. Wilson, Regional Offices and other office locations - DCTF Institution employees should not complete this section)

1.	Do you need help in the event of a personal health emergency or a natural disaster emergency or drill at your place of work? Note: If you answer "yes", please describe very clearly the type of assistance you will need. Please do not give medical details. <div></div>	No 
2.	Do you have suggestions for improving the Department's accessibility for persons with disabilities? (If no, leave blank) <div></div>	
3.	Would you like to volunteer to become an <u>Emergency Evacuation Assistant</u> ? If so, you will be contacted by the Department Health and Safety Office.	No 

SUBMIT THE SURVEY

CLEAR AND START AGAIN

State of Wisconsin
Department of Employment Relations
Division of Affirmative Action
345 W. Washington Ave.
Madison, WI 53703

DISABILITY ACCOMMODATION REQUEST FORM

Agency or UW System Unit:	Division (or other secondary unit):
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SECTION I: Employee

Employee Name:	Job Title:
Signature:	Date of Request:
My disability is (e.g., visual impairment, arthritis, etc.):	
My disability impairs my ability to perform assigned job duties in the following way (attach additional pages if necessary):	
The reasonable accommodation I am requesting is (attach additional pages if necessary)	

SECTION II: Employer

Accommodation Request is: ☐ Approved ☐ Denied ☐ Modified

If *modified*, describe modification and give rationale. If *denied*, give rationale. (Attach additional pages if necessary.)

Name of person making decision	Cost of Accommodation: <input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Signature:	Date

DISTRIBUTION AFTER COMPLETION:

Original - Employee Copy - Agency Confidential File Copy - DER/DAA (with employee identification blinded)



EVACUATION ASSISTANTS

FIRE and other building evacuations

Ensure all persons are made aware of the fire alarms. Assist assigned individual into the main stairwells to take refuge away from the fire and smoke. These individuals should stay there until rescued or notified to return to work.

- 2 Entry into a stairwell should immediately follow others evacuating the office areas.
- 3 If you know where the fire is, choose a main stairwell away from the fire and smoke.
- 4 As soon as the individual has taken refuge, report the names and location to the floor captain; if the floor captain is absent, report to the Designated Emergency Convenience area and deliver the information to the Floor Captain collecting it. After business hours, dial 9-911 or the Local Emergency Response.
- 5 Do not attempt to evacuate any individual taking refuge. People trained in rescue procedures must do this.
- 6 **Get yourself out of the building.**
- 7 **THINGS TO KNOW**
 - Location of all fire exits on your floor
 - Floor captains in your area

WEATHER ALERT

1. Ensure all persons are made aware of the weather threat announcement.
2. Assist assigned individual to a safe area (i.e., interior hallways and stairwells, away from windows).

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